

Confined-Space Entry Permit

PART 1 (To be completed by the supervisor)

Location and Description of Work _____

Permit Date _____ (Permit is valid for one day only)

Visitors or Contractors (Print name and organization) _____

POTENTIAL HAZARDS (Check those which are applicable and comment)

Potential Hazards	<input checked="" type="checkbox"/>	Comments
Corrosive Materials		
Hot Equipment		
Flammable Materials		
Toxic Materials		
Inert Gases		
Flame/Spark-Producing Operations		
Electrical Shock		
Stored Energy		
Moving Machinery		
Spilled Liquids		
Pressurized Systems		
Other		

Protective Measures Necessary to Control Hazards _____

Special Work Permit Needed (If necessary attach it to the confined space permit)

Yes _____ No _____

PERSONAL SAFETY EQUIPMENT (Check those that are applicable and comment)

Eye Protection		
Head Protection		
Hand Protection		
Foot Protection		
Protective Clothing		
Respiratory Protection		
Recovery Device		
Retrieval Lines and Harness		
Supplemental Lighting		
Communication Equipment		(Entrants ____ Security ____)
Auxiliary Ventilation		
Atmospheric Monitoring Equipment		
Other		

	Printed Name	Signature	Date
Standby Person	_____	_____	_____
Entrants	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employees have received the required training in accordance with this procedure.

RESPONSIBLE SUPERVISOR _____

(Signature)

PART 2 (To be completed by the Station Manager or Immediate Supervisor)**ATMOSPHERIC TESTS**

	Location	Range	Acceptable Reading
Flammable Gas %	_____		<u>≤ 20% LEL</u> _____
Oxygen Content	_____		<u>19.5% - 23.5%</u> _____
Other _____ (Specify)	_____		_____ (Specify)

TEST PERFORMED BY (Print Name) _____
(Signature) _____
(Date) _____

Contractor Able to Perform Work Without an Escort? Yes ____ No ____

REMARKS _____

If visitors or contractors are involved, the appropriate safety briefing has been given.

(Print Name) _____

(Signature) _____

(Date) _____

PART 3 PERMIT CANCELLATION (To be completed by supervisor)

All authorized work has been completed and the confined space permit is canceled.

RESPONSIBLE SUPERVISOR (Signature) _____

(Date) _____

(Time) _____

RETURN THE PERMIT TO THE STATION MANAGER UPON COMPLETION

EMERGENCY PHONE NUMBER _____